



Form courtesy of the office of:

Pam Holm

Council Member District G

Fax to: Susan Luycx (713) 535-7770

SIGN INVESTIGATION AND COMPLAINT FORM

Complaint Request Made By: _____ Complaint Received By: _____

____ Supervisor ____ Inspector ____ Council Office ____ Mayor's Office ____ Public ____ Other

Date of Complaint _____ Inspector Assigned _____ Date Complaint Investigated _____


Location / Address of Sign Complaint _____


Message on Sign _____

Nature of Complaint _____

Type of Sign:

____ Bandit ____ Political ____ Portable ____ Banner ____ Spectacular ____ Attention Getting Device
____ Abandoned ____ Other/Specify _____

 Does the Citizen calling want a return phone call of the results of our investigation? __ Yes __ NO **OR**

 Written response? __ YES __ NO

If Yes: Citizen Name _____ Address _____ Phone Number _____

Inspector Investigation Results and Comments:

Was a "notice" or "citation" issued? __ YES __ NO If yes, attach copy.

Office Use Only

Project Number

Follow-up Date (if applicable)